



MINISTRY OF AGRICULTURE AND FOOD SECURITY

Productive Safety Net for Socioeconomic Opportunities Project (SNSOP)

GBV/SEA AND CHILD PROTECTION IMPLEMENTATION PLAN

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List of Acronyms

AC	Appeal Committee
BAC	Boma Appeal Committee
BVS	Beneficiary Verification Survey
CEDAW	Convention on Elimination of All forms of Violence Against Women
GESS	Girls Education South Sudan
CMA	Community Mobilization assistant
CMC	Community Mobilization Clerk
CPC	Contracts and property committee
CST	Community Supervision Team
DG	Director General
DIS	Direct Income support
DoSD	Director of Social Development
ECD	Early Childhood Development
ED	Executive Director
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESSAF	Environmental and Social Screening and Assessment Framework
FGD	Focus Group Discussion
FGM	Female Gentle Mutilation
SGBV	Sexual Gender Based Violence
GBV	Gender-based violence
GRM	Grievance Redress Mechanism
GRSS	Government of Republic of South Sudan
HH	Household
IP	Implementing Partner
LIPW	Labour Intensive Public Works
MAFS	Ministry of Agriculture and Food Security
MGCSW	Ministry of Gender, Child Social Welfare
MIS	Management information system
MoFP	Ministry of Finance and Planning
NAC	National Advisory Committee
NTC	National Technical Committee
P/B DC	Payam/Boma/Block Development Committee
PCU	Project Coordination Unit
PSEA	Protection of Sexual Exploitation and Abuse.
PMT	Project Management Team
POM	Project Operations Manual
QAC	Quarter Council Appeals Committee
RFI	Request for Information

Summary of GBV/SEA Action Plan

This GBV Action Plan has been developed to accompany the implementation of the SNSOP and ensure that the project does not have any negative impacts or further promotes GBV, SEA or the abuse of children. It presents operational activities as well as recommendations for GBV, SEA and child protection risk mitigation measures that build on existing mechanisms in South Sudan. The Action Plan provides general procedures for grievances related to such abuse in project areas. It is based on existing protection, prevention and mitigation strategies and measures developed by MAFS and other IPs as well as measures by other key actors in South Sudan, as coordinated through the GBV sub-cluster group.

The Action Plan will be updated following a further community consultation that will assess specific community needs as well as the current GBV/SEA and child protective referral pathways that service providers make available in the project-affected communities.

CLASSIFICATION OF GBV/SEA

GBV: According to the World Bank Guidance Note on GBV in civil works, 'GBV is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed gender differences.' It can therefore occur in a variety of different ways, including through the infliction of physical, mental, and sexual harm, or suffering threats of such acts, as well as coercion and other deprivations of liberty, such as early or forced marriage, economic abuse or denial of resources, services and opportunities, trafficking and abduction for exploitation, Intimate Partner Violence (IPV) perpetrated by a former or current partner. Most importantly, the World Bank applies 'GBV' as an umbrella term that includes SEA.

The Guidance Note defines four key areas of GBV risks:

1. **SEA** - exploitation of a vulnerable position, use of differential power for sexual purpose; actual or threatened sexual physical intrusion.
2. **Workplace sexual harassment** - unwanted sexual advances; requests for sexual favours, sexual physical contact.
3. **Human trafficking** - sexual slavery coerced transactional sex, illegal transnational movement of people.
4. **Non-SEA:** Physical assault, psychological or physical abuse, denial of resources, opportunities, or services, IPV.

SEA: The United Nations apply the term SEA regarding staff conduct. The United Nations Protocol on Allegations of Sexual Exploitation and Abuse involving implementing partners defines SEA as 'Sexual exploitation is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another', and 'sexual abuse means the actual or

threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions’.

For the SNSOP project, the broader definition of GBV will be applied to ensure that a broader set of acts are covered.

Violence against Children: The Convention on the Rights of the Child defines violence against children as: ‘All forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse...’. Child labor, however, is treated by UNICEF as a context of heightened risk of violence rather than violence itself.

The SNSOP sub-components and activities do not rely on major civil works, and the anticipated social impacts are mainly positive and are not expected to have irreversible social impacts related to, community health and safety and cultural heritage. The potential adverse risks and impacts include gender-based violence (GBV) and sexual exploitation and abuse (SEA).

Existing Risk Management System

Government of South Sudan

The Government has made efforts in bringing justice to victims of sexual violence through key measures that were undertaken within the criminal justice system. A training manual on the investigation and prosecution of SGBV was developed in 2017 by the Ministry of Justice with technical support from the Ministry of Gender. Also, a Department of Women and Juvenile Justice was established under the Directorate of Public Prosecution.

In 2014, the Government developed Standard Operating Procedures for Prevention and Response to Sexual and Gender-based Violence (SGBV). The SOPs were developed through a consultative process with inputs from various government institutions, UN Agencies, International and National non-governmental Organisations and Traditional Chiefs at National and State level. The document is in line with the Republic of South Sudan’s legal and policy framework and other international frameworks such as the Inter-Agency Standing Committee (IASC) Guidelines for GBV Interventions in Humanitarian Settings, UNHCR’s Sexual and Gender-based Violence against Refugees, Returnees, and Internally Displaced Persons, and Guidelines for Prevention and Response.

The SOP describes the following pathways and timelines for cases of sexual abuse and violence

Reporting GBV Case

The GBV survivor has the freedom and right to report an incident to anyone. She/he may seek help from: leaders in the community, i.e., Boma leaders, chiefs, headmen, religious leaders,

women's group leaders, etc.; GBV actors in the community / working groups; health and community workers, NGO staff or anyone whom the survivor believes can be of great assistance to her/him (friend, relative, neighbour, for example).

The person receiving the initial report will attend to the survivor and make a timely and appropriate referral according to the nature of the case either to the local authorities, the Police, the Attorney General, and a health practitioner. The Service Provider should adhere to the guiding principles of the SOP.

Referral

A survivor has the right to make an informed choice on services they need. When the survivor is referred, the services available and the conditions that apply should be explained to them. For instance, there is a 72 hours' time limit for Post –Exposure Prophylaxis (PEP) in the case of a sexual abuse survivor.

PRIORITISED RESPONSE ACTIONS FOR GBV SURVIVORS

1. Medical examination and treatment of the survivor
2. Early psychosocial counselling to avoid or reduce traumatic feelings for the GBV survivor
3. Police investigation and protection intervention for physical safety social reintegration were deemed necessary
4. Access to Justice
5. Place of safety/shelter
6. Basic needs
7. Livelihood/economic support

If the survivor is a child, the consent of parents or guardians should be sought where it is in the best interest of the child, assuming they are not the perpetrators. However, where parents/guardians refuse to pursue the case in the court of law on the child's behalf, with clear evidence, the Directorate of Gender and Child Welfare should take up the role and pursue the case on the child's behalf to ensure that she/he is protected. Parents/guardians should be counselled first and thereafter and taken to task by filing a case against them for denying the child her/his rights. All service provider interventions to child survivors must be undertaken with staff trained in child-friendly procedures regarding the handling of cases. A child survivor should continue to go to school while procedures are ongoing, and all efforts should be made to ensure her/his protection. In addition to this, all the above reporting and referral procedures should be applied.

In this context, a child perpetrator is a boy or girl under 18 years of age who has allegedly committed an act of GBV against another person. With regard to child perpetrators, juvenile

justice procedures apply and child perpetrators should undergo rehabilitation and psycho-social counselling.

Coordination Mechanism

The Ministry of Gender, Child, and Social Welfare (MGCSW) takes the lead in GBV prevention, protection, and response at the national level while at the state level, the mandate is with the State Ministries of Social Development. The Ministries collaborate with line Ministries – Ministry of Health, Ministry of Justice, and Ministry of Interior (MOH, MOJ, MOI,) UN Agencies, Development Partners, and Civil Society Organisations on addressing GBV cases.

GBV coordination is implemented through the GBV sub-cluster and is represented in the Gender Coordination Forum. The GBV sub-cluster aims at coherent and effective GBV prevention, protection, and response through the mobilisation of key government Institutions, UN Agencies, Development Partners and International and National Non-Governmental organisations (NGOs) at national and state level. The key members include MGCSW, MOH, MOI, MOJ, UNFPA, UNICEF, UNHCR, Norwegian Refugee Council (NRC), American Refugee Committee (ARC), International Refugee Committee (IRC), media and National NGOs. Alongside the GBV sub-cluster, there are several coordination forums which play a role in GBV responses. These include the child protection sub-cluster, prevention of sexual exploitation and abuse task force, psycho-social support technical working group.

All actors have a responsibility to contribute to efforts towards GBV prevention, protection, and response. Therefore, all actors will be trained and made aware of existing GBV prevention, protection, and response protocols. Each actor will constantly monitor the implementation of GBV protocols in field offices.

THE GBV SUB-CLUSTER IN SOUTH SUDAN

Within the Global Protection Cluster, GBV is an Area of Responsibility (AOR), facilitated by the United Nation Population Fund (UNFPA), as the designated focal point agency at the global level. In South Sudan, current membership includes more than 150 individual members, with approximately 35 organisations participating in biweekly sub-cluster meetings. Fewer than 15 percent of members offer specialised GBV services and there is a lack of uniformity in standards for service delivery and training.

By the end of September 2018, the Protection Cluster had reached 34 percent of the 3.7 million South Sudanese targeted. In 2019, the group aimed to target 3.3 million South Sudanese and some 300,000 refugees. Most of the target population are women and children. The cluster's focus is currently on Unity, Upper Nile, Jonglei, Western and Northern Bahr el Ghazal, and the Equatoria states. Within these areas, protection partners will prioritise locations with most severe needs, including through mobile teams.

The key objectives of the GBV sub-cluster are: 1) Expand availability of the basic package of multi-sectoral GBV services; 2) Build capacity of service providers and communities to deliver quality GBV services in line with best practises and minimum standards for humanitarian settings; 3) Strengthen GBV prevention and risk mitigation across other humanitarian sectors and with UNMISS, including through mainstreaming; 4) Strengthen coordination, advocacy and collaboration at national and sub-national levels.

CURRENT ONGOING ACTIVITIES BY SUB-CLUSTER PARTNERS:

Data on gender-based violence: UNFPA has led efforts for the inter-agency GBV Information Management System (GBVIMS) to collect data from service providers, they've analysed the trends and rallied partners to respond. Also, training of social workers and health staff to meet the needs of GBV survivors sensitively and professionally, including the provision of psychosocial support, post-rape treatment with emergency contraception and HIV post-exposure prophylaxis are provided.

Risk Mitigation

UNICEF-led clusters were supported to include GBV risk mitigation in their South Sudan Humanitarian Fund (SSHF) and Humanitarian Response Plan (HRP) processes.

PROTECTION AND RESPONSE

Region	Activity	Actor
Western Bahr el Ghazal		
Rajah	-Clinical management of Rape; -GBV mental and psychosocial support; -Provision of post-exposure prophylaxis (PEP); -Provision of dignity kits for survivors.	-Health Net TPO -Raja Police
Upper Nile		

Region	Activity	Actor
Melut Pariang Maban	-Awareness on GBV -Consultant first, History taken and counselling with the survivor -Physical examination in case of injury & treatment -Follow-up with the survivor to ensure complication of treatment	-Meluth Civil Hospital -Paloch PHCC -Galdora PHCC -World Vision International
Central Equatoria		
Juba Yei	-Clinical management of rape/provision of medicines to prevent transmission of HIV/AIDS known as PEP to prevent unwanted pregnancy known as ESP which is effective up to 5 days after the incident -Mental health support -Psychosocial support	-One- Stop centre at the Yei Civil hospital. -MSF clinic Maridi road -Martha Health support
Eastern Equatoria		
Kapoeta East Torit	-General physical assessment of the body of the survivors to ensure their health is fine -Psychosocial support and follow up on case to help reassure the survivors of regaining their dignity in the community -Treat minor injuries that are presented on reporting and avoid maturing of cuts and wounds -Carry out laboratory test and give Post	-ADRA (Adventist Development and Relief Agency) -Health Link -Comitato Collaborazione Medica (CCM) -Family Protection Centre/One Stop Centre, Torit State Hospital

Region	Activity	Actor
	<p>exposure prophylaxis (PEPs)</p> <p>-Legal support with the consent of the survivors to Kapoeta South Police Unit</p>	
Greater Pibor		
Pibor	<p>-General Protection – Community protection mechanisms, protection mainstreaming, community protective patrol and presence, accompaniment, trainings, and awareness raising (including general community protection, early warning and early response, small arms, and light weapons;</p>	<p>-Nonviolent Peace force</p> <p>-GREDO</p> <p>-PLAN International</p>
Warrap		
<p>Tonj South</p> <p>Gogrial West</p>	<p>-Do counselling and Psychosocial support.</p> <p>-Do referral for medical services through police.</p> <p>-Give dignity kits/pills</p> <p>-conduct home visit and follow up of survivors for more trauma healing and counselling;</p>	<p>- The Organisation for Children's Harmony</p> <p>-Adventist Development & Relief Agency</p> <p>-Comitato Collaborazione Medica</p> <p>-Kuajok State Hospital</p>
Jonglei		

Region	Activity	Actor
Bor	<ul style="list-style-type: none"> -Provide prevention and response information and services to individuals. -Conduct community mobilisation and sensitization. -Integrated GBV case management -Legal assistance -GBV prevention and response to Bor Referral Hospital; 	<ul style="list-style-type: none"> -IMA/UNFPA -HDC -CIDO

Action Plan

This GBV Action Plan provides a general work plan to mitigate and respond to GBV, SEA and safeguard child protection under the SNSOP project, complying with World Bank ESSs. It is designed to provide general guidance for the prevention of and response to GBV, taking into consideration the mechanisms in place and existing good practices and recommendations according to the findings of the literature review. The Action Plan facilitates a consistent approach across all potential SEA and child protection complaints received from every possible channel, implementing Secretary-General's Bulletin ST/SGB/2003/13, dated 9 October 2003, on "Special measures for protection from sexual exploitation and sexual abuse", as well as the Secretary-General's Report A/71/818 dated 28 February 2017 on "Special measures for protection from sexual exploitation and abuse: A new approach".

The Action Plan will build upon the protection systems and referral systems established by the GBV sub cluster in the country. However, since specific referral systems and protection mechanisms per county are unknown, the Action Plan provides general guidance and recommendations for improving existing mechanisms that are known to be scarce in many areas of South Sudan, specifically in rural areas where the project will be implemented.

OUTREACH ACTIVITIES TO MANAGE RISK OF GBV.

The following activities are conducive to the recognition by all SNSOP project partners and implementers of the risks of sexual violence and GBV and the specific vulnerabilities of women and girls.

PREVENTION MEASURES AGAINST SEA.

All IPs, sub-contractors, and suppliers of the SNSOP are obliged to create and maintain an environment that prevents sexual exploitation and sexual abuse develop systems that maintain this environment, including but not limited to:

- Adoption of the Core Principles of the IASC Task Force on Protection from Sexual Exploitation and Abuse
- Worker Code of Conduct: All categories of workers will be induced and will sign a Code of Conduct (CoC)¹⁷⁴, which includes expected standards of behaviour regarding GBV/SEA according to the IASC six core principles. IPs will further ensure that all contractors, suppliers, NGOs and other implementing partners' workers have been induced and have signed a CoC. All IPs selected at this point have their own institutional CoC in place, which may be used. The PCU will assess them for their appropriateness for the SNSOP, following World Bank ESS and the IASC Core Principles. If necessary, the PCU will provide a template CoC, and these should be signed by all project workers (see LMP in Annex 12 of the ESMF for definition) that will be present at an activity site. Where necessary, a CoC should be translated into the local language to ensure that workers fully understand their obligations:
- Taking action to prevent SEA cases, including through awareness raising, training and other measures
- Nomination of a senior level PSEA focal point
- Setting up of internal protocols for investigation of cases
- Taking disciplinary actions in case the offence is proven

All IPs shall have organisational whistleblowing policies that encourage staff to report concerns or suspicions of misconduct by colleagues by offering protection from retaliation for reporting. The definition, scope and protection measures may differ between organisations. General principles apply to whistle-blowers, as they would to any complainant, and internal agency policies shall protect whistle-blowers on SEA from retaliation, so long as the report is made in good faith and in compliance with internal agency policies.

All implementers of the SNSOP commit to timely and expeditious action to aid survivors, to prevent, investigate and punish SEA, and to comply with all timelines for action laid out in the Action Plan. MAFS will monitor UNOPS and other implementers bimonthly on their implementation of the GBV action plan via reports and field visits.

Community awareness and disclosure of CoC: The CoC will be made available to the public in the project areas, especially to identified project stakeholders. Education and the raising of awareness of women, adolescents and children on SEA and their legal rights will be provided. Project beneficiaries should be made aware of the laws and services that can protect them and provide redress in case of an incident.

Disclosure will take place through different communication channels taking into consideration women's safety when designing and distributing information set out in the SEA, by the PCU and/or the respective IP. For instance, health programmes have found that it can be helpful to place information (e.g. cards / pamphlets / posters) in bathrooms, where women can look at them without being observed by a male partner. It is expected that all IPs, contractors, and sub-contractors disclose their CoC, and that IPs report all SEA-related activities to the PCU for monitoring purposes.

Training of Workers and Partners: MAFS will ensure that their direct workers, partners, sub-contractors, suppliers, and others are trained on the CoC and GBV/SEA and child protection risk issues as part of their induction. They will roll out direct training activities for all contracted as well as community workers deployed for their activities prior to the start of such. The IPs will ensure that records of all inductions are kept and shared with the PCU. The PCU will further review training materials and make suggestions if there are gaps.

Community consultation on GBV referral pathways: To complete existing information on referral pathways in project counties, a community and stakeholder consultation on GBV referral pathways assessment on further identification of the project counties will shed light on the functioning and effectiveness of referral pathways in place. Consultation will take place during the Project Inception Phase and will serve to update the GBV Action Plan.

Training on referral systems: All relevant staff of the PCU and UNOPS will receive training on the referral systems and case management guidelines during the project initiation phase. They will pass on all relevant details to their respective field staff and will take up the information in their various trainings and community awareness activities mentioned above.

Establish a Grievance Redress Mechanism (GRM) for project beneficiaries to facilitate reporting of GBV incidents.

In particular, the GRM should consider including key features on the prevention of GBV: 1) The establishment of women quotas in community level grievance management to facilitate women-to women reporting, 2) The provision of multiple channels for receiving complaints (channels to be determined after community consultation) 3) The resolution of complaints at the point of service delivery to reduce information and transaction costs and gender sensitive independent channels for redress. 4) The communication of GRM services at the community level to create GBV awareness and enable project affected people to file complaints.

As a functioning mechanism:

- The GRM will only record information on (i) the nature of the complaint (what the complainant says in their own words); and (ii) if, to the best of their knowledge, the survivor believes the perpetrator was associated with the project.
- The GRM Operator needs to report the case within 24 hours to the PCU, as the PCU is obliged to report any cases of GBV/SEA to the World Bank within 48 hours following informed agreement by the survivor. The PCU would then refer the survivor to ensure the adequate provision of case management and referral pathways, ensuring survivor confidentiality.
- MAFS, UNOPS and other respective IPs will also sensitise the public on SEA, raise public awareness about the different entry points to place complaints with the GRM, train stakeholders (contractors, communities, PCU), assist and refer survivors to appropriate service providers, and monitor implementation of the GBV risk mitigation and response measures. This includes the sensitization of affected populations to the risk and impact of GBV through awareness-raising sessions and the dissemination of information as well as through education and communication materials on GBV prevention. All information should be made accessible to children, so they are aware of how to report incidents from the project affecting them.
- IPs oversee monitoring that the courses for contractors regarding the Code of Conduct obligations and awareness-raising activities for the community are in place. The information gathered would be monitored and reported to project PCU and the World Bank.
- Community awareness on child protection concerns: Communities should be informed that if project or partner staff abuses a child, they should refer such complaints to child protection partners without recording.

Monitoring of GBV/SEA and Child Protection cases

All IPs will monitor all GBV/SEA and child protection cases reported through the various reporting mechanisms and report back to the PMU. The IPs and the PCU will adopt a mixed-method approach to monitoring, including the utilisation of perception surveys and community-based monitoring, to enable an in-depth understanding of the impact of activities on community members. This is a particularly pertinent approach given the sensitivities of interventions aimed at peacebuilding, social cohesion, and governance.

Monitors will ensure that:

- Communities, including children, are aware of the risks of GBV, their rights and the mechanisms available to them to report GBV cases
- Appropriate referral pathways are provided to survivors.

- Changes in the perception of gender inequality and women's rights among male community leaders and chiefs leading to more gender equal customary law resolutions
- Essential services are provided to the survivor
- All staff are trained on PSEA, CoC and their protocols. At the IP/PCU level a complaint is received and processed, and the protocols are followed in a timely manner and complaints are referred to the GBV resolution mechanism to be addressed.
- Where applicable, a response from the criminal justice system to investigate sexual violence/exploitation is provided
- Where applicable, perpetrators are brought to justice and survivors are encouraged to report and engage with the criminal justice system
- Services from the health system are provided, including for acute and long-term health implications of sexual violence
- A comprehensive response from social welfare services and community-based support services is provided
- The needs of survivors are met, and outcomes improved
- Indicators for referral pathways:
- Referral pathways in place and functional
- GBV SOPs are in place at national and sub-national levels
- Percentage of GBV survivors who were referred for comprehensive care, within a given period
- Percentage of first responders who are trained/oriented on the referral pathway
- Standard intake and referral forms are developed and utilised by service providers
- Capacities of GBV actors are mapped and assessed to strengthen the referral system.

MONITORING AND SUPERVISION OF ACTION PLAN

Continuous monitoring: New complaints and ongoing cases and complaints will be followed closely by the monitoring team to ensure instant appropriate responses.

Quarterly review of services: The PCU will conduct quarterly review of services to ensure the continuous availability of services, continued access to services by survivors, dissemination of correct information to survivors during case management and to women, girls and the community during awareness on services available.

Quarterly monitoring of Action Plan: The PCU will monitor the implementation of this Action Plan on a quarterly basis. Quarterly reviews will focus on: Ensuring that all activities (as listed above) have been undertaken and/or are on track Reviewing all referrals made in specific cases and assess whether complaints have been handled and resolved appropriately Monitoring and reporting on the effectiveness of the implementation of the GBV Action Plan Reporting on progress on all activities and re-assessment of risks, monitoring of the situation as appropriate.

Non-compliance: Where quarterly reviews identify non-compliance with the GBV Action Plan, the matter will be reported to the PCU Project Manager. The PCU will then seek clarification from the respective IP and jointly develop plans for how to assist the IP to bring activities back on track. Serious cases of noncompliance will be reported to the World Bank by the PCU and may result in closure of activities.

Documenting lessons learnt: Bi-annual reviews will allow for the development of lessons learnt, which are aimed at allowing for adjustments of the Action Plan but should also contribute to general understanding and improvement of GBV/SEA and child protection risk mitigation.

Reporting to the World Bank: in addition to emergency reporting, quarterly reviews, lessons learnt, and any other insights will be integrated into the general bi-annual SNSOP report to the World Bank.

MONITORING GBV PREVENTION AND RESPONSE

The following questions should be integral to the monitoring of GBV prevention and response:

- Benefits/positive impacts: What do women, girls, boys, and men think and feel about the project? What benefits is the project bringing to the lives of the target population?
- Participation/access/leadership: How are women, girls, boys, and men participating in the project? What is the extent of their participation? What barriers to participation are being experienced?
- How can they be overcome? Does action need to be taken to enhance the participation of girls and/or women in decision-making or leadership? Are there other at-risk subgroups that need to be addressed through this project?
- Negative consequences/adverse impacts: Is the project worsening the situation for women, girls, boys, and men? In what ways? To what extent? What will be done to change this negative impact?
- Equity: Are some groups of women, girls or other at-risk groups in that context being excluded? Who is not being reached?
- Empowerment: Are women and girls being empowered? How? To what extent? What else needs to, or can, be done to enhance their empowerment?